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ABSTRACT

A solution to the problem in the knowledge gap between educational institutions and the medical world is proposed: send a school psychologist to a medical setting to bridge the gap. The author contends that both school and medical facilities would benefit as psychologists could offer physicians and medical students training in the psychological and social components of normal child development. Suggestions for training methods are offered, including lectures by psychologists during medical students' rotation through pediatrics. (PHR)

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School Psychology Applies to Medical College

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Abstract

Another application of school psychology, its merits and unique advantages are discussed. Specifically, it is suggested that medical colleges are appropriate settings for school psychologists. Rationale are given as well as the importance of a school psychologist in a medical setting.

School Psychology Applies to Medical College

Less than a decade ago, if students applied to medical school but were rejected they turned instead to psychology. Now, if students apply to graduate programs in psychology, but are rejected they turn instead to medicine. The message here is more than: "Scientific endeavors make for strange bedfellows." These are allied professions. Their impact in the sphere of child development alone has been indeterminable.

Within these disciplines resides the momentum for launching an innovative overhaul of services delivered to children. Psychology, and especially school psychology has already begun. Public Law 94-142 has shaken the rafters. Its exacting requirements have intensified the demands for assessment and programming and have highlighted the gaps in comprehensiveness.

No longer can professionals, or agencies, or institutions remain "unto themselves." There are too many questions to be answered. For instance, in the area of learning disorders the spectrum of involvement includes genetic, constitutional, educational, emotional, social, environmental, and neurologic aspects. It is not surprising that experts in the field not only support, but press for an interdisciplinary approach (Cruickshank, 1977; Gunderson, 1972; Johnson, 1972; Millichap, 1975; Sapir & Wilson, 1978; Williams, 1976). The school psychologist who

evaluates a child must be alert for an array of possible problems--hyperactivity, perceptual dysfunctions, emotional disturbances, speech and language difficulties, and motor derangements. Within the school district there are colleagues who help. But who in the school system can answer these questions for the psychologist: "Would medication increase Rodney's ability to concentrate?" "Why is Lizette so clumsy and what would help her?" "Are Sammy's headaches psychosomatic?" "Is Angie daydreaming or is she having seizures?"

The specialists capable of handling these queries are rarely a member of a school's interdisciplinary team. And yet, to comply with the law, answers must be found.

Already the school psychologist is entangled in a network of professionals as he or she tries to coordinate each child's needs with the appropriate program. Many school pyschologists agree with Vance (1977) and want to avoid focusing the team approach toward the singular goal of labeling, placing, or referring youngsters who fail in school. Consequently, they are fighting fragmentation and isolation of services and are pushing toward interdisciplinary methods and not multidisciplinary methods. Since they view the child as a complete entity and understand the interactive effects of remedial and habilitative efforts, they do not simply piece together isolated reports and recommendations. Instead, he or she assumes the role of the "hub" (Calorosa, 1970) or coordinator and has staffings, conferences, and follows up each child. School psychologists stress integration.

But what of the earlier questions? How many school psychologists have agonized about sending parents to medical centers--weighing the expense against the usable information to be obtained? How many have received no reply from medical personnel? Or perhaps the short, "I have seen Johnny; thank you for the referral" statement comes back. Or even worse, the medical model message of "Here's what's wrong with Mary Sue" returns to add a new label to those Mary Sue already carries around.

What is the solution? One entire component of a child's development cannot be "written off" as too complicated, too time consuming or too costly.

The obvious solution would be to hire a physician to become a member of the school's interdisciplinary team. This is possible; it has been done. But there are very real difficulties. First of all what type of physician should be hired: a general pediatrician, an ophthalmologist, an oto-laryngologist, or a pediatric specialist, such as a pediatric neurologist? Would he or she come to the school to examine the child? What of the physician's equipment, his or her need for sophisticated laboratories and ancillary personnel? If the physician were hospital based how could the interdisciplinary approach be used? Moreover, how can the physician who is not "on site" be trained in the problems, the methods, the objectives of other planning? How would his findings be integrated into the child's overall program? Would the physician be interested

in and willing to learn a new jargon so that the medical conclusions could relate to educational placements, such as resource rooms, EMR, TMR, and SLD classes?

This paper proposes a simpler solution. Send a school psychologist to the medical setting, preferably a medical teaching facility. Let him or her work within the medical domain to bridge the gaps in knowledge.

Consider the feasibility. The school psychologist knows child development; he or she understands exceptionalities, and learning problems. Emotional and interpersonal behaviors, management techniques, interviewing and therapy are all part of the school psychologist's training. In addition, he or she has worked with schools and understands the structure, the organization and the resources of school systems. Most importantly, the school psychologist sees clearly the fit between educational strategies and diagnoses. He or she seeks strengths as well as weaknesses. There is no focus on pathology, but rather an interpretation of the effects of pathology.

The schools need a school psychologist at a medical facility. The questions which can only be answered by medical specialists must be considered. And not in a "here's the problem" fashion, but in a , "here's what the problem means in terms of a child's satisfactory adjustment at home and at school" approach.

It might seem radical to suggest, but the medical facility needs school psychologists. Physicians in training need to know the psychological and social components of normal child development.

They need to learn the relationship between level of development and academic readiness, between level of intellectual functioning and academic expectancy. They need to learn how to include psychological services as part of comprehensive assessment and care of the child.

Such training could be accomplished in two ways. One obvious way would be to offer special lectures to students rotating through pediatrics. The second way would be through modeling. The school psychologist could join the medical team and see patients during clinics. Then, in actual situations he or she could demonstrate interdisciplinary methods, as well as the unique contributions of school psychology.

Physicians are concerned that their findings have some importance. Their desire like the school's is to help the child. At present, however, the effectiveness of physicians in relating their expertise to educational programming solutions is questionable.

A future consideration of such a mutually beneficial arrangement is the possibility of research. Educators are interested in the relationship between neurologic variables and achievement. Physicians want to know the effects of medication on attention and concentration so they can perscribe effectively. Psychologists need to know the effects of drugs and drug overdoses on test performances. Everyone wants to know the effects of drugs and neurologic disorders on learning--short term and long range. Everyone also wants to know the effects of drugs

on a child's motivation, social behavior, and self-concept. These ideas are but a sampling of what might be accomplished.

School psychology as a profession is young and vigorous. It should not be bounded by the perimeters of school buildings nor school systems. The leadership and the talent are there. They await application.

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